MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
1076SS26	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
2								52						
3								53						
4								54						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep			5					Total Indep						
Total Depend			23					Total Depend						
Total Claims			28					Total Claims						

Best Available Copy